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FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee



2013 JUL 17 AM 9: 15

								Office Us	se Cony	A
۱.	NAME OF COMMITTEE (in full)	TYPE O	R PRINT 🔻		mple: If typing r the lines.	g, type	12FE4	M5	TLU	MAIL CENTER
	LIRBAN PRO	GRE	ss Pol	HTICAL	ACTION	Cera	em 17	TEE		
	<u> </u>		_		1 1 1 1 . 1		<u> </u>			
٩Đ	DRESS (number and street)	P	Q., BQ)	X 25	7					
	Check if different									
	than previously reported. (ACC)	ω	ALTERI	BORO,	1 1 1 1	لـــا	SC	2,9,4	88-	
≥.	FEC IDENTIFICATION N	UMBER	▼	CITY ▲		S	STATE A		ZIP COI	DE 🛦
	C ()05286	61		3. IS THIS REPORT	N (A	EW I) OR	٠.	AMENDED (A)		
١.	TYPE OF REPORT (Choose One)	F	fonthly Report	Feb 20 (M2)	M	ay 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Oue On:	Mar 20 (M3)	Ji	un 20 (M6)	S	Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 20 (M4)	Jı	1 20 (M7)	C	Oct 20 (M10)		Jan 31 (YE)
	Quarterly Report (Q1) (c			Primary (12P)		Gene	eral (12G)		Runoff (12R)
	V Quarterly Report (October 15		PRE-Election Report for the	•	Convention (1	2C)	Speci	ial (12S)		
	Quarterly Report (January 31 Year-End Report (1	Election on	M M /	ים ל ר	v v v	Y .	in the State of	f (
	July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d	POST-Elec		General (30G)	Runo	ff (30A)		Special (30S)
	Termination Report (TER)	t	Report for t	Election on	M M /	ו ס ס	v v v	. v	in the State of	f
 5.	Covering Period O	3 2	31'20	313	through	06	[′]	, ['] ŽÖ	ΪŽ	
C	ertify that I have examined t	his Repor	t and to the b	est of my kno	wledge and b	elief it is tru	e, correct	and complet	te.	
	pe or Print Name of Treasur		BRIDGE	-						
Sig	nature of Treasurer	Sua	get	Mu	tra	1	ete Č) [™] ′ ȯ	ځ '	2013
V()	./ OTE: Submission of false, error	neous or	/ incomplete info	mation may e	thiect the next	7 on signing th	is Renort	to the penalti	esof 2 t	J.S.C. 6437a
	Office Use			augir may St		organia y	rioport	FEC	FOR Rev. 12/20	М 3Х
	Only				I				16V. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name ROSNESS POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

05 31 2013 To: 06 30 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,		, , 0000
	(b) Cash on Hand at Beginning of Reporting Period	, , 00.00	
	(c) Total Receipts (from Line 19)	, , 00.00	, ,000
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	, , 0000	, , 0000
7.	Total Disbursements (from Line 31)	, , 0000	, , 0000
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	, , 0000	, , 0000
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	, , 0000	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	, 0000	· ·

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FE6AN026

(C) (M 30210916

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name URBAN PROBLETS POLITICAL ACTION COMMITTEE

03 '31 '2013 To: 06 '30 '2013 From: Report Covering the Period:

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees	3 2 2 2			
	(i) Itemized (use Schedule A)	, , 0000	, , 0000		
	(ii) Unitemized	$,$ $,$ ω	, , 0000		
	(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	<i>2000</i>	\sim		
	Little Market and Christian				
	(b) Political Party Committees	, , <i>OOLOO</i>	, , ω		
	(c) Other Political Committees	0000	0000		
	(such as PACs)(d) Total Contributions (add Linee	, , ,	, , , , ,		
	11(a)(iii), (b), and (c)) (Carry	A.A.A.A.	000		
	Totals to Line 33, page 5)	, , 00.00	, , 00.00		
12.	Transfers From Affiliated/Other	0000	0000		
	Party Committees	, 0000	, , , ,		
13.	All Loans Received	, , 0000	, , 0000		
	Loan Repayments Received	, , 0000	, , 0000		
15.	Offsets To Operating Expenditures				
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0000	0000		
16.	Refunds of Contributions Made	, , , , ,	, , , ,		
	to Federal Candidates and Other	\sim			
	Political Committees	$, , \mathcal{O}\mathcal{O}\mathcal{O}$, , 00.00		
17.	Other Federal Receipts (Dividends, Interest, etc.)	0000	<i>201</i> 0		
18.	Transfers from Non-Federal and Levin Funds	, , , ,	, , , ,		
	(a) Non-Federal Account	0.000	1111		
	(from Schedule H3)	, 0000	$,$ ω		
		2012	\sim		
	(b) Levin Funds (from Schedule H5)	, , ,	$, , \mathcal{U}$		
	(c) Total Transfers (add 18(a) and 18(b))	, , 0000	, , 0000		
4-	Table Describes And Adv. 1994				
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	, , 00.00	, , 0000		
20.	Total Federal Receipts		, , 00.00		
	(subtract Line 18(c) from Line 19)▶	, , , , , ,	, , 2000		



DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal	1002 1110 1 01100	Calcinal Ica-10-Date
	Activity (from Schedule H4)	0000	∞
	(i) Federal Share	, , 0000	, , ,
	(ii) Non-Federal Share	, , <i>0</i> 000	, , <i>OO</i> O
	(b) Other Federal Operating	0000	000
	Expenditures(c) Total Operating Expenditures	, , , ,	, , ,
	(add 21(a)(i), (a)(ii), and (b))▶	, , 0000	, , , , , ,
22.	Transfers to Affiliated/Other Flarty	OOO()	
23.	Contributions to	, , , , , ,	, , 00.00
	Federal Candidates/Committees and Other Political Committees	, , 00.00	$,$ $\alpha \omega$
24.	Independent Expenditures	000	\sim
25.	(use Schedule E)	, , , ,	, , ,
	(2 U.S.C. §441a(d)) (use Schedule F)	, , 0000	, , 0000
26	Loan Repayments Made	$\sigma c c c c c c c c c c c c c c c c c c c$	<i>0000</i>
20.	Low Hopeymonio Maco	, , , , , ,	, , ,
27. 28.	Loans MadeRefunds of Contributions To:	, , 00.00	, , , ,
	(a) Individuals/Persons Other Than Political Committees	0000	2000
		, , , ,	$\frac{1}{2}$
	(b) Political Party Committees	, , 00.00	, , ,
	(d) Other Political Committees (such as PACs)	00.00	0000
		, ,	, , , ,
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	\mathcal{O}	<i>C</i> ÔO]:
	(100 20(0), (0), 210 (0),	, , , 20.00	, , ,
29.	Other Disbursements	, , 000	, , 00.00
30.	Federal Election Activity (2 U.S.C. §431(20))		
	(a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0000	0000
	(,, , , , , , , , , , , , , , , , , , ,	, , , ,	
	(ii) "Levin" Srlare	, <i>oow</i>	, , &&&
	(b) Federal Election Activity Paid Entially With Federal Funds	000	0000
	(c) Total Federal Election Activity (add	, coco	$\frac{1}{2}$
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	, , ~~~	, , 000
31.	Total Disbursements (add Lines 21(c), 22,	2000	
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	, , 0000	, , 0000
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0000	α
		, , , , , , , , , , , , , , , , , , , ,	, , , ,
		•	

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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
33. Total Contributions (other than loans) (from Line 11(d), page 3)	, , 0000	, , 0000			
34. Total Contribution Refunds (from Line 28(d))	, , 0000	, , , 0000			
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 0000	, , , , , , , , , , , , , , , , , , , ,			
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	00.00	<i>000</i> 0			
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	0000			
38. Net Operating Expenditures (subtract Line 37 from Line 36)	, , 0000	, <i>, 20</i> 00			

ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a
or to	r information copied from such Reports and State for commercial purposes, other than using the nar	ments ma	ny not be sold or used by any per didress of any political committee.	rson for the purpose of soliciting contributions
	NAME OF COMMITTEE (BI FUII) URBAN PROGRESS P	OUT	CAR ACTION COM	UNITHE
A.	Full Name (Last, First, Middle Initial)			Date of Receipt
_	Mailing Address			Date of Heceipt
7	City	State	Zip Code	4
_				Amount of Each Receipt this Period
	FEC ID number of contributing lederal political committee.	C		, ,
ĸ	Name of Employer O	Occupation		1
Ē	Receipt For: Primary General Other (specify)	\ggregate	Year-to-Date ▼	
	Full Name (Last, First, Middle Initial)	-		Day of Da
B.	Mailing Address		,	Date of Receipt M M / ס ס / Y Y Y Y
ō	City	State	Zip Code	
	FEC ID number of contributing lederal political committee.	C		Amount of Each Receipt this Period
ķ	Name of Employer O	Occupation	1	1
Ē	Primary General	\ggregate	Year-to-Date ▼	1
F	Full Name (Last, First, Middle Initial)		-	
C				Date of Receipt
_	Mailing Address			M M / D D / Y Y Y ,
ā	City	State	Zip Code	Agraciant of Early Process of
	FEC ID number of contributing lederal political committee.	С		Amount of Each Receipt this Period
7	Name of Employer O	Occupation		•
Ē	Receipt For: Primary General Other (specify) ▼		Year-to-Date ♥	
<u> </u>	JBTOTAL of Receipts This Page (optional)		>	, , 00.00

SCHEDULE B (FEC Form 3X)

	Use separate schedule(s)	FOR LINE				PAGE U			Ur	
ITEMIZED DISBURSEMENTS	for each category of the		k only d] 21b [ine) 		23	24	7 2	5 F	7 26
	Detailed Summary Page		27	28a	H	28b	28c	2	1	30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or used e and address of any political	by any	person	for the policit con	purp	ose o	f solicitin	g conti	ributio mittee	ns .
NAME OF COMMITTEE (In Full)										
URBAN PROGRESS POLI	TICAL ACTION	Cor	UM 17	THE						
Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·				~-					
A.		Date of								
Mailing Address	Mailing Address						р / ч	Υ	У У	
City										
Purpose of Disbursement				Amount	of	Each i	Disburser	nent th	nis Pe	riod
Candidate Name	•	Categor Type		·.		,	, ,		•	
Office Sought: House Disbursem	ent For:			•		•	•			
	Primary General									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)	· · · <u>- · · · · · · · · · · · · · · · ·</u>								•	
В.				Date of	Dis	burse	ment			
Mailing Address		·····		M M	′	. D	D / Y	Υ.	Y Y	
City										
Purpose of Disbursement			-,	Amount	- A# 1	Each !	Dieburee	nent #	nie Pa	rind
Candidate Name	·	Catego		Amount of Each Disbursement this Period					1100	
Office Sought: House Disbursem	ent For:	Туре				, .	,		:	
	Primary General									
ليا ا	Other (specify)									
State: District:			-+							
Full Name (Last, First, Middle Initial) C.				Date of	Dis	burse	ment			
444	· · · · · · · · · · · · · · · · · · ·			- м м	,	D	D / Y	Ψ.	Y Y	
Mailing Address				•			•		::1"	
City	tate Zip Code									
Purpose of Disbursement			1.							
Candidate Name		Catego	ry/	Amount	of	Each 1	Disburse	ment ti	nis Pe	riod
Office Sought: House Disbursem	ent For:	Туре				3	,		•	
Senate	Primary General									
President State: District:	Other (specify)									
SUBTOTAL of Disbursements This Page (optional)			· >			,	. ,	0	0,0	30
TOTAL This David /last wars this line south a set A							•		08	\sim
TOTAL This Period (last page this line number only).			· >	•.		,	,		٠.٠ 	

City

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SCHEDULE C (FEC Form 3X) LOANS

PAGE OF Use separate schedule(s) for each category of the FOR LINE 13 OF FORM 3X **Detailed Summary Page** NAME OF COMMITTEE (In Full) URBAN PROBLESS POLITICAL ACTION COMMITTEE Election: LOAN SOURCE Full Name (Last, First, Middle Initial) **Primary** General **Mailing Address** Other (specify) State ZIP Code Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan Secured: Date Incurred Date Due Interest Rate Yes No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for Information found on Page of Schedule C

Federal Election Commission, Washington, D.C. 20463			_ P	ige	or Sc	:nequie C	
NAME OF COMMITTEE (In Full)	<u> </u>	F	EC IDE	NTIFICA	TION	NUMBER	
110001 0000 - 000	A . C	1 -					
URBAN PROGRESS POLITICA	1 ACTION COMMITT	et	ب ر		$\mathcal{O}_{\mathbf{u}}$	101	
LENDING INSTITUTION (LENDER)	Amount of Loan	<u>_</u>		nterest F	ate (A	PR)	
Full Name						,	
	, ,	•				%	
Mailing Address							
Mailing Address	Date Incurred or Established		M / Q	D /	Y Y	Y Y	
		— м	M / 0	b /	· Y Y	Y Y	
City State Zip Code	Date Due						
	<u> </u>		. , .	D /		Y Y	
A. Has loan been restructured? No Yes	If yes, date originally incurre	d ^m	M / C	U /	* *	* *	
B. If line of credit,	Total					·	
Amount of this Person	Outstanding						
Amount of this Draw:	Balance:		5	,		•	
C. Are other parties secondarily liable for the debt incur		, -					
	nust be reported on Schedule C.)						
 D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of 		What is	the value	of this	collate	ral?	
stocks, accounts receivable, cash on deposit, or other			_	_		_	
No Yes If yes, specify:			,	,	•	• ,	
				lender have a perfected security it? No Yes			
E. Are any future contributions or future receipts of inte	rest income pledged as	interest i		No		2 8	
collateral for the loan? No Yes If yes,		what is	hat is the estimated value?				
			,	,			
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Lecation of account:						
Date account established:	Address:						
M M / D D / Y Y Y							
	City, State, Zip:						
F. If neither of the types of collateral described above w					equal (or exceed	
the loan amount, state the basis upon which this loa	n was made and the basis on wi	nich it ass	ures rep	ayment.			
G. COMMITTEE TREASURER		DATI	E				
Typed Name Signature	<u></u>	- ■	M / D	D /	Y Y	Y Y	
- Cignature							
H. Attach a signed copy of the loan agreement.							
I. TO BE SIGNED BY THE LENDING INSTITUTION:							
To the best of this institution's knowledge, the face accurate as stated above.	terms of the loan and other inform	nation reg	arding th	e extens	ion of	the loan	
II. The loan was made on terms and conditions (i	ncluding interest rate) no more fa	vorable at	the time	than th	ose im	posed for	
similar extensions of credit to other borrowers of the requirement that	a loan must be made on a basi	s which as	ssures re	payment	, and	has	
complied with the requirements set forth at 11 AUTHORIZED REPRESENTATIVE	CFR 100.82 and 100.142 in mak	ing this loa	an.	· ·			
Typed Name		DATI	Ē				
	ītle	- M	w / p	D /	Y Y	y y	
-		1					

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE OF
FOR LINE NUMBER:
(check only one)

NAME OF COMMITTEE (In Full)	
URBAN PROGRESS POLITICAL ACTION I	COMMITTEE
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):-
The state (and state sta	Control of Boot (Corposo).
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
	•
, , ,	Outstanding Balance at Close of This Period
Amount incurred this relied Payment this relied	Custanumy Balance at Close of This Fellou
, ,	, ,
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
, · · · · · · · · · · · · · · · · · · ·	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
, , , , , ,	, , ,
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
	4
City State Zin Code	
City State Zip Code	
· · · · · · · · · · · · · · · · · · ·	
City State Zip Code Outstanding Balance Beginning This Period	
Outstanding Balance Beginning This Period	
· · · · · · · · · · · · · · · · · · ·	Outstanding Balance at Close of This Period
Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period
Outstanding Balance Beginning This Period	Outstanding Balance at Close of This Period
Outstanding Balance Beginning This Period , , , Amount Incurred This Period Payment This Period	
Outstanding Balance Beginning This Period , , Amount Incurred This Period Payment This Period , , ,	· , ,
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Outstanding Balance Beginning This Period , , , Amount Incurred This Period Payment This Period , , , , , , , , , , , , , , , , , , ,	, , OOOO
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Outstanding Balance Beginning This Period , , , Amount Incurred This Period Payment This Period , , , , 1) SUBTOTALS This Period This Page (optional)	, , <i>OOO</i> O

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
URBAN PROGRESS POLITICAL	ACTION COM	MITTEL	000528661
Check if 24-hour report 48-hour report New	report Amends repo	ort filed on	Man Mark 1 (Darby, 1) Yalyayay
Full Name (Last, First, Middle Initial) of Payee		Date	
T.	•	1	
Mailing Address			M (-TM) / D' (D' / Y (-TY) (-Y (-TY)
maing / adioco		Amo	
City State	Zip Code	1	orden. 18 augustus – Amerikaan Statistan (m. 1808). 18 augustus – Amerikaan Statistan (m. 1808).
		34	n de la companya de l La companya de la co
Purpose of Expenditure	Category/	Office Sou	
	Type		Senate District:
Name of Federal Candidate Supported or Opposed by Expend	<u> </u>		President
Trains of Fourier Surface Supported of Species by Exporte		Check On	e: Oppose
		Dichumom	ent For: Primary General
Calendar Year-To-Date Per Election for Office Sought		i .	
	in fra 1 de la		Other (specify)
Full Name (Last, First, Middle Initial) of Payee		Date	•
·			M
Mailing Address			San Barrier Barrell
		Amo	punt
City State	Zip Code		
		i	n national services in the contraction of the services of the contraction of the contract
Purpose of Expenditure	Category/	Office Sou	ight: House State:
	Туре		Senate District:
Name of Federal Candidate Supported or Opposed by Expend	liture:		President
		Check On	e: Oppose Oppose
Calendar Year-To-Date Per Election		Disbursen	nent For: Primary General
for Office Sought	on 🗗 ji mara 🤏 jirki ili la		Other (specify)
	 		
(a) SUBTOTAL of Itemized Independent Expenditures			\sim
(a) SOBTOTAL OF NOTHER Made and Experioration	••••••••••••••••••••••		·, ·, · · · · · · · · · · · · · ·
(b) SUBTOTAL of Uniternized Independent Expenditures			
(a) DOD TO THE OF OTHER MEDICAL EMPERICACION EMPERICACION IN THE PROPERTY OF T			
(c) TOTAL Independent Expenditures			
		· •	, , ,
Under penalty of perfury I certify that the independent expending with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.	•		
A C C C C C C C C C C C C C C C C C C C			
Gredget Murray	Date	07	05 2013
			FEC Schedule E (Form 3%) Rev. 07/2011

PAGE

OF

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE

PAGE		O	=	
FOR LINE	25	OF	FORM	ЗХ

Has your committee been designated to make coordinated expenditure by a political party committee YES	2 U.S.C. §441a(d)) (To	be used only t	by Political Com	mittees in the Ge	neral Election)	FOR LINE 25	OF FORM 3X		
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure	NAME OF COMMITTEE (IA FUII) URBAN PROGR					EE			
YES NO Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure	•		Full Name of Sub	ordinate Committe	ө				
Mailing Address City State Zip Code		committee?							
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure		. }-	Mailing Address				- /		
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure	if 160, haite the designating committee.] 1	Maining Address						
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure		h-	City		Sta	ite ZIP C	ode		
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: Senate District: District: Presidential District: Distri		1	•						
Mailing Address Type	Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enditure			
City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate District:									
Name of Federal Candidate Supported Office Sought:	Mailing Address				5.		Туре		
Name of Federal Candidate Supported Office Sought: Senate Presidential District: District: District: Presidential District: D	Ch.	Ctata	Zo Codo		⊣	n n / v 1	,		
Aggregate General Election Expenditure for this Candidate Category/Type	Cny	State	Zip Code			, ,	* * *		
Aggregate General Election Expenditure for this Candidate Category/ Type	Name of Federal Candidate Supported	Office Sought	House	I State:	Amount	<u>.</u>	•		
Aggregate General Election Expenditure for this Candidate ▶ Full Name (Last, First, Middle Initial) of Each Payee City Name of Federal Candidate Supported Aggregate General Election Expenditure for this Candidate Supported Office Sought: Presidential House Senate Presidential Aggregate General Election Expenditure for this Candidate Supported Office Sought: Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Supported Office Sought: Aggregate General Candidate Supported Office Sought: Aggregate General Candidate Supported Office Sought: Aggregate General Election Expenditure for this Candidate P Name of Federal Candidate Supported Office Sought: Aggregate General Election Expenditure for this Candidate P Substrict: District: Amount Aggregate General Election Expenditure for this Candidate P Substrict: Amount Occidential		Omoo Gougina			- 1	٠.			
Aggregate General Election Expenditure for this Candidate Full Name (Last, First, Middle Initial) of Each Payee			Presidential			_			
Expenditure for this Candidate , , ,	Aggregate General Tection				7 '	,	_		
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Separate Presidential Pres	1 00 0	,	,	•					
Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Separate Presidential Pres			· · · · · · · · · · · · · · · · · · ·	 	Dumage of Eve	andih ma			
Date	Full Name (Last, First, Middle Initial) of	Each Payee			Purpose of Exp	enallure			
Date									
City State Zip Code Name of Federal Candidate Supported Office Sought: Senate Presidential District: Aggregate General Election Expenditure for this Candidate ▶ , , Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/Type	Meiling Address								
Name of Federal Candidate Supported Office Sought: Senate Presidential District: Presidential P	maing radioo				Date				
Aggregate General Election Expenditure for this Candidate , , , Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate District: District: District: Presidential Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional)	City	State	Zip Code		м м / о л / ч ч ч				
Aggregate General Election Expenditure for this Candidate Aggregate General Election Expenditure for this Candidate Aggregate General Election	Name of Federal Candidate Supported	Office Sought	: House	State:	Amount				
Aggregate General Election Expenditure for this Candidate , , , Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Date Name of Federal Candidate Supported Office Sought: House Senate Presidential District: District: Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional)	<u> </u>		Senate	District:					
Aggregate General Election Expenditure for this Candidate , , , Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure Category/ Type Date City State Zip Code M M M / D D / Y Y Y Y Name of Federal Candidate Supported Office Sought: House Senate District: District: Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional)			Presidential		_ · ,	•	•		
Full Name (Last, First, Middle Initial) of Each Payee Purpose of Expenditure		-	•		· ·	•			
Mailing Address City State Zip Code Date Name of Federal Candidate Supported Office Sought: House State: District: Presidential Presidential , , , SUBTOTAL This Period (fast page this line number only)	Expenditure for this Candidate	•	,	•					
Mailing Address City State Zip Code Date Name of Federal Candidate Supported Office Sought: House State: District: Presidential Presidential , , , SUBTOTAL This Period (fast page this line number only)	Euli Name (Last Simt Middle Initial) of	Each Payer			Purpose of Exp	enditure	T		
Mailing Address City State Zip Code Date Name of Federal Candidate Supported Office Sought: House State: District: Presidential District: Presidential , , , Substitute for this Candidate , , , , , , , , , , , , , , , , , , ,	Full Name (Last, First, Middle Initial) of	Each Fayee							
Mailing Address City State Zip Code Date Name of Federal Candidate Supported Office Sought: House State: District: Presidential District: Presidential , , , Substitute for this Candidate , , , , , , , , , , , , , , , , , , ,							Category/		
City State Zip Code MM M / D D / Y Y Y Y Name of Federal Candidate Supported Office Sought: House State: District: District: Presidential Presidential , , , Substitute for this Candidate , , , , , , , , , , , , , , , , , , ,	Mailing Address								
Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Presidential					Date				
Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional) , , , , , , , , , , , , , , , , , , ,	City	State	Zip Code		' M M /	י אי לו לו	Y Y :		
Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional) , , , , , , , , , , , , , , , , , , ,					_				
Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional)	Name of Federal Candidate Supported	Office Sought			- Amount		······································		
Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional)					-				
Aggregate General Election Expenditure for this Candidate , , , SUBTOTAL of Expenditures This Page (optional)		l	residential	, , , , , , , , , , , , , , , , , , , 	- ,	3	•		
SUBTOTAL of Expenditures This Page (optional)					İ				
SUBTOTAL of Expenditures This Page (optional)	Expenditure for this Carroldate	1	· • • • • • • • • • • • • • • • • • • •	•					
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TOTAL This Period (last page this line number only)		\sim							
· · · · · · · · · · · · · · · · · · ·	TOTAL This Period (last page this line nur	mber only)		·····	,	, ι			

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT AUTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Liters Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnented Committees Only)

AME OF COMMITTEE (In Full)						
URBAN PROGRESS POLITICAL ACTION COMMITTEE						
USE ONLY ONE SECTION, A or B						
A. State and Local Party Committees						
Fixed Percentage (select one)						
Presidential-Only Election Year (28% Federal)						
Presidential and Senate Election Year (36% Federal)						
Senate-Only Election Year (21% Federal)						
Non-Presidential and Non-Senate Election Year (15% Federal)						
B. Separate Segregated Funds and Nonconnected Committees						
B. Separate Segregated Funds and Nonconnected Committees						
B. Separate Segregated Funds and Nonconnected Committees Flat Minimum Federal Percentage						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Tr						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Tr If the committee is spending more than 50% federal funds, indicate ratio below						
Flat Minimum Federal Percentage If the committee will allocate using the flat minimum percentage of 50% federal funds, check Fr If the committee is spending more than 50% federal funds, indicate ratio below Federal						

SCHEDULE H2 (FEC Form 3X) PAGE OF **ALLOCATION RATIOS** NAME OF COMMITTEE (In Full) PROBRESS POLITICAL ACTION COMMITTEE RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT **ACTH/ITIES APPEARING ON THIS REPORT.** Methods of allocation: I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised. II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the tederal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to e political party. Such expenses are allocated using a time/space method. **ACTIVITY OR EVENT IDENTIFIER** FEDERAL % **NONFEDERAL %** ACTIVITY IS: Direct Candidate Support Fundraising % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS: Fundraising Direct Candidate Support % % CHECK IF THE RATIO IS: New Revised Same as Previously Reported **ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %** ACTIVITY IS:

Same as Previously Reported

Same as Previously Reported

Direct Candidate Support

Direct Candidate Support

NONFEDERAL %

%

%

%

%

FEDERAL %

Fundraising

CHECK IF THE RATIO IS:

Fundraising

CHECK IF THE RATIO IS:

ACTIVITY OR EVENT IDENTIFIER

New

ACTIVITY IS:

New

Revised

Revised

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGI	Ξ	C	F		
<u> </u>		 			
	ı	100	∩E	FORM	2

NAME (OF COMMITTEE (IN FUII) URBAN PROGRESS PC	DLITICAL AC	MON (COMMIT	TEE		
NAM	ME OF ACCOUNT	DATE OF RECEIP	Г		TOTAL AMOU	IT TRAI	NSFERRED
		. M M / D D	/ Y Y	Y Y	,	7	00.00
BRE	AKDOWN OF TRANSFER RECEIVED						
ŋ	Total Administrative				,	,	•
ii)	Generic Voter Drive		*************	•••••	,	,	
	Exempt Activities						
	•				,	,	•
10)	Direct Fundraising (List Activity or Event Ide	nuier)					
	a)	,		_			
		,	,	•			
	b)	. ,	,	•			
	c) Total Amount Transferred For Direct Fundra	aleina			_		
					,	7	•
ן ש	Direct Candidate Support (List Activity or Ev	ent identifier)					
	a)	,					
			,				
	b)	. ,	,	•			
	c) Total Amount Transferred For Direct Candid	date Support	•••••••••••••••••••••••••••••••••••••••	······	. ,	,	•
vi)	Public Communications Referring Only to	Party (Made by PAC)		,,,,,,,,,	,	,	
		OR BREAKDOWN OF					
TOTAL	. This Period (Administrative)		,	,	00.00		
					OOO	7	
TOTAL	. This Period (Generic Voter Drive)			,	, 000		
TOTAL	. This Period (Exempt Activities)		•••••	,	, <i>DO</i> .	20	
TOTAL	. This Period (Direct Fundraising)		•••••	,	, <i>O</i>	0.0	0
TOTAL	. This Period (Direct Candidate Support)		••••••••		, ,	00.	∞
TOTAL	. This Period (Public Communications Referring	Only to Party)			, ,	0	0.00
TOTAL	. This Period (Total Amount Transferred)		••••••	·	,	,	00.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	PAGE		OF		
FOR	IME	219	OF	FORM	3)

N	AME OF COMMITTEE (IN FUIL). ARBAN PROBRESS POLITICAL ACTIO	ON COMM	ITIE
Ā.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event: Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code	9	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	, , ,
•	FEDERAL SHARE + NONFEDER		= TOTAL AMOUNT
	, , ,	, -	, , ,
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	Mailing Address		Administrative Fundraising Exempt Voter Drive Direct Candidate Support
	City State Zip Cod	8	Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	Category/ Type	M M / D D / Y Y Y Y
	FEDERAL SHARE + NONFEDER , , , , , , , , , , , , , , , , , , ,	, ·	TOTAL AMOUNT , , ,
	Mailing Address		Administrative Fundraising Exempt
	-		Voter Drive Direct Candidate Support
	City State Zip Cod	e 	Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:	Category/ Type	M M / D D / Y Y Y Y Date
	FEDERAL SHARE + NONFEDER	AL SHARE	= TOTAL AMOUNT
	, , , , , , , , , , , , , , , , , , , ,	, 0000	, , 00.00
SI	UBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE + NONFEDER	AL SHARE	TOTAL AMOUNT
T	TAL This Period (last page for each line only)(Federal share to 21(a)(i) FEDERAL SHARE NONFEDER		hare to 21(a)(ii)) TOTAL AMOUNT
	, , <i>00.00</i> ,	, 000) , , 00.00

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	=	C	F		
FOR	LINE	18b	OF	FORM	3X

NAME OF COMMITTEE (IN Full) URBAN PROBRESS POLITICAL ACTION COMMITTEE						
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED				
BREAKDOWN OF THIS TRANSFER	VOTER REG	SISTRATION				
i) Voter Registration Total Amount Transferred for Vote	er Registration ,	, · · · · · · · · · · · · · · · · · · ·				
ii) Voter ID Total Amount Transferred for Vote	er ID	, . GOTV				
III) GOTV Total Amount Transferred for GO	τν ়	, , .				
iv) Generic Campaign Activity Total Amount Transferred for Gen	neric Campaign Activity	GENERIC CAMPAIGN ACTIVITY				
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED , , , .				
BREAKDOWN OF THIS TRANSFER i) Voter Registration	VOTER REG	SISTRATION				
Total Amount Transferred for Vot	,	, VOTER ID				
Total Amount Trænsferreti for Vot iii) GOTV Total Amount Transferred for GO	, TV	GOTV				
iv) Generic Campaign Activity	neric Campaign Activity	GENERIC CAMPAIGN ACTIVITY				
TOTALS FOR B	REAKDOWN OF TRANSFER RECEIVE	D (Last Page Only)				
TOTAL This Period (Votor Registration).	,	, 00.00				
TOTAL This Period (Voter ID)	,	, 00.00				
TOTAL This Period (GOTV)		, , <i>O</i> O,OO				
	Activity)	, ,				
TOTAL This Period (Total Amount of Tra	ansfers Received)	, , 4,0				

SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, Disfrict and Local Party Committees Only)

PAGE	OF

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (IN FUIL) URBAIN PROGRESS POLITICAL ACTION CE	MMITTEE
A. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, ,
	egory/Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
B. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, ,
	egory/Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
C. Full Name (Last, First, Middle Initial) / Full Organization Name	Type of Allocated Activity or Event: Voter Registration GOTV Voter ID Generic Campaign
Mailing Address	Allocated Activity or Event Year-To-Date
City State Zip Code	, ,
	egory/Date Date
FEDERAL SHARE + LEVIN SHARE	= TOTAL AMOUNT
SUBTOTAL of Shared Federal and Levin Activity This Page FEDERAL SHARE + LEVIN SHARE , , , , , , , , , , , , , , , , , , ,	= TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin FEDERAL SHARE , LEVIN SHARE	share to 30(a)(ii)) TOTAL AMOUNT , ,
TOTAL This Period for the Levin Share , , ,	ά <u></u>

SCHEDULE L (FEC Form 3X)

AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

URBAN PROSPESS POLITICAL ACTION COMMITTEE

NAME OF ACCOUNT

l	t comment of the second	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	, , 00.00	, , 00.00
	(b) Unitemized	, , <i>00.</i> 00	, , 2000
	(c) Total	, , 00.00	, , 0000
2.	OTHER RECEIPTS	, , 000	, , 00.00
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	, , 00.00	, , 20,00
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	, , <i>OO.OO</i>	, , 00.00
	(b) Voter ID	, , 2000	, , 2020
	(c) GOTV	, , 2000	, , <i>0</i> 0.00
	(d) Generic Campaign	, , 0000	, , <i>00,0</i> 0
	(e) Total	, , 2000	, , 0000
5.	OTHER DISBURSEMENTS	, , <i>до.0</i> 0	, , 00.00
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	, , 20,00	, , <i>00.</i> 00
7.	BEGINNING CASH ON HAND	, , 00.00	, , 0000
8.	RECEIPTS(trom Line 3)	, , o o o	, , 2000
9.	SUBTOTAL(Add Lines 7 and 8)	, , 0000	, , 2000
10.	DISBURSEMENTS	0000	, , 20,00
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	0000	, , 0000

SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

	Aggregation Page (check only one)					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, after than using the name and address of any political committee to solicit contributions from such committee.						
NAME OF COMMITTEE (IN FUII) URBAN PROGRESS POLITIC	CAL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) / Full Organization Name A.	Date of Receipt M M / D D / Y Y Y					
Mailing Address	Amount of Each Receipt this Period					
City State						
Name of Employer or Principal Place of Business Occupation	Aggregate Year-to-Date					
Full Name (Last, First, Middle Initial) / Full Organization Name	, , , Date of Receipt					
B.	M M / D D / Y Y Y					
Mailing Address City State	Amount of Each Receipt this Period					
Name of Employer or Principal Place of Business	Aggregate Year-to-Date					
Occupation	, ,					
Full Name (Last, First, Middle Initial) / Full Organization Name C.	Date of Receipt M M / D D / Y Y Y					
Mailing Address City State	Amount of Each Receipt this Period					
Name of Employer or Principal Place of Business	Aggregate Year-to-Date					
Occupation	y ,					
Full Name (Last, First, Middle Initial) / Full Organization Name D.	Date of Receipt					
Mailing Address	Amount of Each Receipt this Period Zip Code					
City State Name of Employer or Principal Place of Business	; ;					
Occupation	Aggregate Year-to-Date					
SUBTOTAL of Receipts This Page (optional)						
TOTAL This Period (last page this line number only)	\sim					

SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

FOR LINE NUMBER:	PAG	E	OF
FOR LINE NUMBER: (check only one)	4a 4b	40	5

OF LEVIN FUNDS	Aggregation Page	4b 4d
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for conomercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.		
NAME OF COMMITTEE (IN FUII) URBAN PROSEESS POLITIC	TAL ACTION COM	WITTEE
Full Name (Last, First, Middle Initial) / Full Organization Na A.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, , ,
Full Name (Last, First, Middle Initial) / Full Organization Na B.	me	Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		· •
Full Name (Last, First, Middle Initial) / Full Organization NaC.	ime .	Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		, ,
Full Name (Last, First, Middle Initial) / Full Organization Na D.	ame	Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		y 5 *
Full Name (Last, First, Middle Initial) / Full Organization Na	ame	Date of Disbursement
Malling Address		M M / D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		y 5 •
SUBTOTAL of Disbursements This Page (optional)		, , <i>000</i> 0
TOTAL This Period (last page this line number only)		0000

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